



COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

Please send application to:
Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

*Application for annual license to operate a Carriage Horse Business
in accordance with the provisions of M.G.L. c. 22, & 20 of the General Laws.*

Application must be filled out in ink and accompanied with the following fees

Non-Refundable Application **\$25.00**
Carriage Inspection Fee **\$50.00 each** _____
Horses Licesed At **\$50.00 each** _____

Application is Submitted for Approval

April 1, 20_____ to March 31, 20_____

Applicant's Full Name: _____

(If Corportation, its duly authorized agent)

Mailing Address: _____ Telephone No: _____
(Street) (City) (State) (Zip)

Business Name: _____

Business Address: _____ Telephone No: _____
(Street) (City) (State) (Zip)

Email address: _____

City(s) and Town(s) where business will operate if different from business address:

[] (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Italian	<input type="checkbox"/> Korean	<input type="checkbox"/> Polish
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other _____	

Pursuant to Massachusetts General Laws, Chapter 22, Section 21 and 520 CMR 1.00,
I certify under the penalties of perjury that to my best knowledge and belief
I have paid any and all outstanding civil fines owed to the Department which are required under Law.

Signature of Applicant

Date

Driver Information (list)

	Driver's Name	Certificate Number		Driver's Name	Certificate Number
1			6		
2			7		
3			8		
4			9		
5			10		

Horse Information (list)

	Horse's Name	Identification Number	Health Certificate Enclosed
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(if additional horses, attach separate sheet)

Carriage Information (list)

	Manufacturer	Model	Color	Passenger Capacity	Year Built	Picture Submitted	License Plate (number issued by DPS)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Has proof of insurance in accordance with 520 CMR 13.03:(4) submitted with application: _____

Has local authority approved carriage horse route(s) and designated curb space(s) in accordance to CMR 13.03:(11) and 13.08:(2)? _____

Local Police Chief: _____ City or Town of: _____
(Approved Signature)**(DO NOT WRITE BELOW THIS LINE)**

Carriage Horse operation inspected by: _____ Date _____ Result _____ License Number/Issue Date _____

Deficiencies, changes, or repairs ordered: _____ Days to Comply: _____

Name and Title of person to whom requirements were explained: _____

Inspector's Signature: _____ Commissioner's Signature: _____
Approved Disapproved